PATE	NT APPLICAT	TION FEE	E DETERMIN	NATION REC	ORD	Whhiira	HOH G	hocket M	lumbe:
•	· Eff	ec. Do	tober 1, 200	3			10	150	031
**	CLAIMS		Ö - PART I	• • • • • • • • • • • • • • • • • • • •	SMALI	L ENTITY			
TOTAL CLAI	MS	/Colu	JMn 1)	(Column 2)	TYPE			F SMAL	ER THAN L ENTITY
FOR		NII IN A S	NUMBER FILED NUM		RAT			RATE	14057
FOTAL CHAR	GEABLE CLAIMS	110	10		BASIC	FEE	Oi	BASIC FI	EE //
NDEPENDEN		1-14	minus 20=		XS 9	=	OF	XS18=	· POOL
	PENDENT CLAIM	PRESENT	RESENT -		X43=	:	OF	X86=	
<del> </del>	<u> </u>				+145		OF	-290=	1
If the differer	nce in column 1	s less than	less than zero, enter "0" in column 2		TOTA		OF	`	1120
	CLAIMS AS		ED - PART II						R/HAN
1	(Column 1)	1	(Column :		SMAL	L ENTITY	OR		ENTITY
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
Total	*	Minus	**	=	XS 9=		OR	XS18=	1
Independen		Minus	***	=	X43=	<del>- </del>	7	X86=	<del> </del>
PINST PHE	SENTATION OF N	ULTIPLE D	ÉPENDENT CL	AIM 🔲	]		OR		<del> </del>
	•				+145=		OR	+290=	
	(Column 1)				ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	CLAIMS	T	(Column 2 HIGHEST	) (Column 3)		T	<b>-</b>		
	REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	•	Minus	**	=	X\$ 9=	1	OR	X\$18=	- ree
Independent	•	Minus	***	=	X43=	<del>                                     </del>	1 1		
FIRST PRES	ENTATION OF MU	JLTIPLE DE	PENDENT CLA	IM	A43=		OR	X86=	
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				. ,	ADDIT. FEE		OR A	TOTAL. DDIT. FEE	
	(Column 1) CLAIMS	<del></del>	(Column 2)	(Column 3)					
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total	•	Minus	••	=	X\$ 9=	_FEE_	-	YOU	FEE
ndependent		Minus	***	=	X43=		OR	X\$18=	
IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· .	OR	X86=	
the entry in column 1 is less than the entry in column 2, write "0" in column 3.  the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							OR	+290=	
the "Highest Nu	mber Previously Pai	For IN IHI	S SPACE is less th	an 20, enter "20."	ADDIT FEE		OR AL	TOTAL DIT. FEE	
TO-875 (Rev 10	ber Previously Paid	· · · ( TOTAL OF	independent) is th	ie nighest number f	ound in the appi	opriate box	in colun	nn 1.	Į.
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Abblication of Docket Namper

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